

# Iowa CACFP Child Care Center Parent/Guardian Letter - Pricing (front) 7/2025

**Purpose:** The attached Iowa Eligibility Application is used to determine eligibility for free and reduced price meal reimbursement. The instructions for completion are on the back of this letter.

Dear Parent or Guardian:

This center participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Enrolled participants may buy breakfast for \$11 for the week. Participants are not charged separately for Lunch and Snacks. By participating in this Program, the center receives partial reimbursement for nutritious meals served to children. The amount of reimbursement the center receives is determined by the information you provide. Providing information can help your center purchase nutritious food. Higher reimbursement will be given to the center for meals served to enrolled children from families whose income is at or below the level shown in the chart below. Please read the instructions on the back, complete, sign and return the attached income application as soon as possible. An application that does not contain all required information cannot be used by the center. If required information is missing, free or reduced-price meal benefits will be denied. Call your center if you need help with the form. The information reported on this form will be filed and treated as confidential.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. See instructions on the back for more information.

If you do not qualify now to receive free or reduced-price meals, you may apply for benefits at any time during the year. If you have a decrease in household income, have an increase in family size, or have enrolled children that become eligible for SNAP or FIP, you may fill out an application at that time.

**Income Eligibility Guidelines for Reduced Price Meals**

Household Size	Reduced Price Meals				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member add:	+ \$10,175	+ \$848	+ \$424	+ \$392	+ \$196

## Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The last four digits of the social security number of the adult household member who signs the application must be listed. The social security information is not required when you apply on behalf of a foster child or if you list a SNAP number, or Family Investment Program number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the CACFP. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Instructions for Completing the Iowa Income Eligibility Application

Step 1 – All households complete this section of the form.

- List the name and date of birth for each child up to grade 12 residing in the household.
- Check the box if the child is a student.
- List the child's school and grade.
- Check the box if the child living in the household remains the legal responsibility of the welfare agency or court. Foster children can be included as household members or included on a separate application.
- Check the box if the child is Homeless, Migrant or a Runaway and call the child's school.
- Provide Ethnic and Racial information if you choose

Step 2 – Complete this section if a member of the household participates in SNAP, FIP or FDPIR. If no household members participate in one of the listed programs, skip to Step 3.

- List one FIP or SNAP case number per household in the area provided.
- Use the case number listed in the Department of Health and Human Services Notice of Decision Letter.
- Use of Medicaid, Title XIX and EBT card numbers is not acceptable.

Step 3 – Complete this section if Step 2 was not completed.

- Enter the total number of children and adults in the household.
- If the application is being made on the basis of income, the adult signing the form must provide the last four digits of his or her social security number or check the "No SSN box". The application cannot be processed without this information.
- List the names of each person living in the household not listed in Step 1. The household decides whether to include the foster child on their household application with non-foster children. Attach another sheet of paper if needed.
- Report the amount of income earned from work in the appropriate Gross Earnings column (weekly, every 2 weeks, twice monthly or monthly). Gross income is the amount earned before taxes and other deductions.
- Report the amount of income received on a regular basis from welfare, child support, alimony or adoption subsidies in the Gross Public Assistance/Child Support/Alimony, if applicable.
- Report the amount of income received from pensions, retirement, Social Security and Veteran's Benefits in the Gross Pension/Retirement section, if applicable.
- Report the total gross income earned by all children listed in Step 1, if applicable in the Total Income Received by All Children section.

Step 4 – All households complete this section.

- Read the certification statement.
- Complete this section with the required information.

**Iowa Non-Discrimination Statement:** "It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 6200 Park Ave Suite 100, Des Moines, IA 50321-1270; phone number 515- 281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."